

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050193

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

317  
FILED JAN 3 1964

544

3865

VS 300  
Rev. 4/59

14003

28040

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

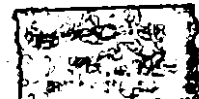
DOCUMENT

BY AFFIDAVIT OF

|   |  |   |  |   |  |  |   |  |
|---|--|---|--|---|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis.</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>California</b> b. COUNTY <b>San Diego</b>              |  |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kirkwood, Mo.</b>   |  | Length of stay in 1b  |  | c. CITY OR TOWN <b>Escondido</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS <b>18 Edsall</b> (If outside, give location) |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Mary E. Edsall</b>   |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>December 17, 1963</b>  |  |  |   |  |
| 5. SEX<br><b>Female</b>   |  | 6. COLOR OR RACE<br><b>White</b>  |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>6/5/1894</b>  |   |  |
| 9. AGE (last birthday)<br><b>69</b>   |  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Pulaski County, Mo.</b>             |   |  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  | 13a. FATHER'S NAME<br><b>John Davis</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Elsada Ormsby</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Arthur Edsall</b>                                  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No Nil.</b>   |  |   |  | 16. SOCIAL SECURITY NO.<br><b>[Redacted]</b>  |  | 17. INFORMANT<br>Address<br><b>Arthur Edsall, # 18 Edsall,</b>                       |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Heart Condition</b><br>DUE TO (b) <b>(History of treatment for heart condition by physician in California)</b><br>DUE TO (c) <b>[Redacted]</b> |  |   |  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                           |  |  |   |  |
| PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown   |  |   |  |   |  |  |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |  |   |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.   |  | Month, Day, Year  |  |   |  |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY STATE   |   |  |
| 21. I attended the deceased from <b>DOA St. Joseph Hosp.</b> and last saw her alive on <b>4:02 PM</b><br>Death occurred at <b>DOA St. Joseph Hosp.</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |  |   |  |  |   |  |
| 22a. SIGNATURE<br><b>[Signature]</b> (Degree or title)<br><b>Coroner</b>  |  |   |  | 22b. ADDRESS<br><b>Clayton, Missouri</b>  |  | 22c. DATE SIGNED<br><b>12/23/63</b>  |   |  |
| 23a. BURIAL, CREMATION REMOVAL (Specify)<br><b>Removal</b>  |  | 23b. DATE<br><b>12-20-63</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Bethalto Cemetery</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Bethalto, Ill.</b>               |   |  |
| 24. FUNERAL DIRECTOR<br><b>Smith Funeral Homes, Alton, Illinois.</b>  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>12-18-63</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>[Signature]</b>                                      |   |  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON



JAN 17 1964

JAN 3 1964

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_  
No Embalmer

Licensed Embalmer No. \_\_\_\_\_  
C. J. Smith

P. O. Address \_\_\_\_\_

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.